

BACKGROUND ON THE CHRC

- The Community Health Resources Commission (CHRC) was created by the **Maryland General Assembly in 2005** to expand access to health care in **underserved communities** and support projects that serve **low-income Marylanders and vulnerable populations**.
- **Strategic priorities include the following objectives:**
 - Increase access to primary and specialty care through grants and technical assistance to safety net providers
 - Promote projects that are **innovative, sustainable, and replicable**
 - Build capacity of safety net providers to serve more residents
 - Address **social determinants of health** and **promote health equity**

BACKGROUND ON THE CHRC

- **The CHRC is an independent agency operating within the Maryland Department of Health.**
- **Eleven Commissioners are appointed by the Governor.**

Allan Anderson, M.D., CHRC Chairman

Elizabeth Chung, Vice-Chair, Executive Director,
Asian American Center of Frederick

Scott T. Gibson, Vice President of Human
Resources, Melwood Horticultural Training Center,
Inc.

J. Wayne Howard, Former President and CEO,
Choptank Community Health System, Inc.

Celeste James, Executive Director of Community
Health and Benefit, Kaiser Permanente of the Mid-
Atlantic States

Surina Jordan, PhD, Zima Health, LLC, President
and Senior Health Advisor

Barry Ronan, President and CEO, Western
Maryland Health System

Erica I. Shelton, M.D., Assistant Professor, Johns
Hopkins University School of Medicine, Department
of Emergency Medicine

Carol Ivy Simmons, PhD

Julie Wagner, Vice President of Community Affairs,
CareFirst BlueCross BlueShield

Anthony C. Wisniewski, Esq., Chairman of the
Board and Chief of External and Governmental
Affairs, Livanta LLC

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IMPACT OF CHRC GRANTS

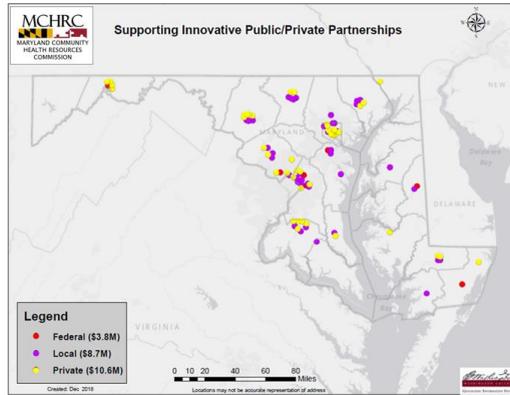
- **210 grants totaling \$64.1 million in all 24 jurisdictions**
- **Collectively served more than 466,000 Marylanders.**
- **Serve individuals with complex health and social service needs, and many are frequent utilizers of hospital and EMS systems.**
- **Fund community-based interventions, i.e., Federally Qualified Health Centers, local health departments, free clinics, and outpatient behavioral health providers.**

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POST-GRANT SUSTAINABILITY

- **75%** of CHRC-funded programs have been **sustained at least one year** after grant funds have been expended.
- Grantees have leveraged **\$23.2 million** in **additional** resources (**\$19.4 million** in private and local funds).



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TYPES OF PROJECTS

Focus Area	Number of Projects	Individuals Served
Primary Care	65	304,756
Behavioral Health/Opioids	54	79,299
Dental	39	64,137
Women's Health	23	17,528
Obesity/Food Security	15	697
ED Diversion/Care Coordination and Safety-net Capacity Building*	23	16,327
School-Based Health Centers*	15	21,928

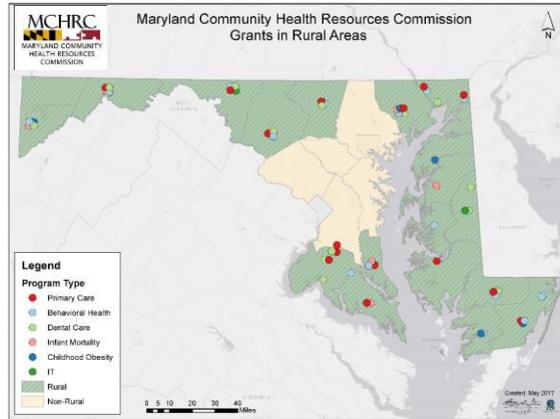
*also listed in other categories

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CHRC AND RURAL HEALTH

- Awarded **107 grants totaling \$28 million** to support programs in rural jurisdictions.
- Projects served more than **82,000 residents**.



Areas of Focus:

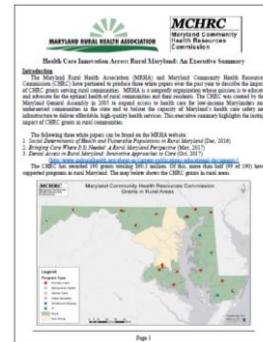
- Primary/Preventative Care
- Dental Care
- Integrated Behavioral Health Services
- Food Security/Obesity Prevention



CHRC AND RURAL HEALTH

Lessons highlighted in MRHA-CHRC white papers:

- **Care coordination is an effective intervention strategy** for rural communities impacted by shortage of providers.
- **Supporting transportation assistance** or bringing health care to patients “where they are” can be effective tools to address barriers.
- **Integrating dental care programs** into the community is an effective strategy for managing chronic conditions.
- **Promoting health literacy** may be an effective tool in improving health outcomes.



STEWARD OF PUBLIC FUNDS

- CHRC has a current portfolio of 50 open grants (under implementation) totaling \$11.4 million.
- CHRC is staffed by 3 PINS. Administrative overhead is 9%.
- Active post-award grant monitoring process
 - Programmatic progress reports
 - Fiscal expenditure reports
 - Grantee audits (programmatic and fiscal)
- **CHRC prioritizes projects that yield quantifiable outcomes, *i.e.*, clinical outcomes and cost savings**



STEWARD OF PUBLIC FUNDS

- Grantees report twice a year as a condition of invoice payment.
- Process/outcome metrics are reported and progress towards overall goals or grant is monitored closely by CHRC staff.
- **Grantees are held accountable for performance.**

CHRC Grantee Monitoring Report					
Grantee Name:	Anne Arundel County Mental Health Agency				
Grantee Contact Information:	Chelsea Bednarczyk, Contract Specialist (410) 222-7858 cbe-dnarczyk@samentalhealth.org				
Grantee #:	18-013				
Grant Period:	May 1, 2018 - April 30, 2020				
Total Award:	\$500,000				
Amount Paid to Date:	\$100,000				
Date of this Report:	Friday, November 30, 2018				
Additional Funds Leveraged:					
Grantee Payout and Report Schedule					
Reporting Period	Due Date	Proposed Fund Distribution	Actual Fund Distribution	Actual Expenditures	Required Items
N/A		\$100,000			Signed grant agreement and approved performance measures
Project update 1	June 4, 2018	\$0			
Report Period One May 1, 2018 - October 31, 2018	November 30, 2018	\$125,000			Report 1: narrative, M&D report, expenditures report and invoice
Report Period Two November 1, 2018 - April 30, 2019	May 31, 2019	\$125,000			Report 2: narrative, M&D report, expenditures report and invoice
Report Period Three May 1, 2019 - October 31, 2019	November 30, 2019	\$100,000			Report 3: narrative, M&D report, expenditures report and invoice
Final Report Period Four November 1, 2019 - April 30, 2020	May 31, 2020	\$50,000			Final Report: final narrative, M&D report, expenditures report, and final invoice
		Total	\$500,000	\$0	\$0



IMPROVING HEALTH OUTCOMES

Shepherd's Clinic, Diabetes self-management program - 390 pre-diabetic and diabetic patients. **66% lost weight, and 70% had a reduced A1C.**



Mary's Center for Maternal and Child Care, Inc. Women's health and prenatal care - 3,000 women in Prince George's County. **Prenatal care in the first trimester increased from 63.6% to 74%. Low-birth weight babies (2,500 grams or less) was 5%** (County rate is 9.1%, Maryland rate is 8.6%).



PROMOTING COST SAVINGS

Calvert County Health Department, "Project Phoenix," Substance use treatment/addressing social determinants of health. **ED visits dropped more than 70%** and Calvert Memorial continues to support the project after CHRC grant.



Esperanza Center, a free clinic in Baltimore, provided essential health services for more than 5,315 individuals and **achieved cost savings/avoided charges of \$2.3 million.**



PUBLIC-PRIVATE PARTNERSHIPS

Way Station implemented a behavioral health homes pilot initiative. **CHRC grant for \$170,000 leveraged \$1 million from private sources** and laid groundwork for Maryland Medicaid Behavioral Health Home Initiative. **Currently there are 84 health homes in Maryland.**



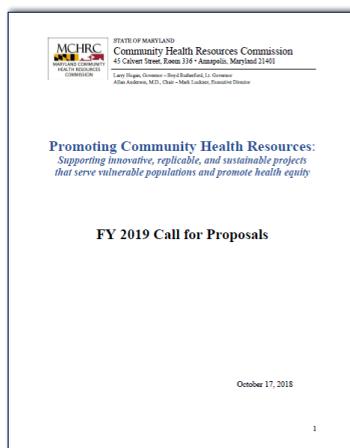
Family Services, Inc., Thriving Germantown implemented multi-sectoral and multigenerational program in a highly diverse, underserved community. **CHRC grant for \$250,000 leverages \$2,014,832 in private and local funding.**



La Clinica del Pueblo opened a new federally qualified health center site in Hyattsville. **CHRC grant for \$300,000 leveraged \$514,000 of additional resources.**



FY 2019 CALL FOR PROPOSALS



- **Key Dates:**
 - February 2019 – Commissioners select applicants to present (during public call)
 - March 2019 – Applicant presentations and award decisions
- **94 proposals requesting \$37 million (\$5.9 million is available).**
- **Three types of projects:**
 1. **Essential Health Services** - 50 proposals, \$17.8 million
 2. **Behavioral Health** - 28 proposals, \$12.7 million
 3. **Obesity and Food Security** - 16 proposals, \$6.5 million



CHRC GRANTS - LARGER CONTEXT

- **Support overall population health goals of the state**
 - **Total Cost of Care**- promote durable hospital-community partnerships
 - **Maryland Primary Care Program**- support care coordination and chronic disease management for underserved individuals
- **Opioids** – Promote integration of behavioral health and somatic care services and innovative projects to expand access in SUD treatment **(54 grants awarded; 251,142 served)**
- **Rural Health** – Offer creative solutions to address access barriers in rural communities, *i.e.*, telemedicine and transportation assistance **(107 grants awarded; 107,117 served)**
- **Dental Care** – Build community capacity and serve low-income adults and children **(39 grants awarded; 144,453 served)**

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